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## NURSING CARE OF THE INSANE IN THE UNITED STATES

This report on Care of the Insane was prepared by Katherine Tucker, chairman of the Committee on Care of the Insane, of the American Nurses' Association, and is published by request of the Board of Directors of that Association.

When we consider that there are approximately 200,000 patients suffering from mental diseases being cared for at present in hospitals for the insane in this country, we realize to some degree the extent and importance of the problem. It is very pertinent for us as nurses to ask what part the nursing profession is playing and what contribution it is making in the care and prevention of this most prevalent sickness. At the outset I think we have to admit that as a profession we are only just beginning to see our opportunity and to hear a very faint call for our services in this field from the doctors and the public. Your Committee, all of whom are directly connected with some form of work for the mentally ill, feel very strongly that the time has come when nurses must take their place in the forward movement for the adequate care and ultimate prevention of mental diseases as they have in the tuberculosis and infant welfare movements. As a first step in this direction, it was deemed necessary to know the exact present status of nursing the insane in this country. Though printed questionnaires are, in many ways, so unsatisfactory, one carefully prepared may bring forth most illuminating information, and this seemed the only practical way at this time of gathering together the facts we desired.

Because of the hearty coöperation of the National Committee for Mental Hygiene your Committee on the Care of the Insane is able to report on the result of a questionnaire sent out to all the state hospitals for the insane in the United States. The questionnaire was made out by your Chairman in collaboration with Dr. Thomas W. Salmon, Director of Special Studies of the National Committee for Mental Hygiene. The National Committee for Mental Hygiene assumed the entire expense. Your Committee's report consists in a summing up of the material obtained from this questionnaire. From 154 questionnaires sent to state hospitals, 71 answers have been received. Though this is not even half of the number sent out, the answers are sufficiently typical for us to draw conclusions from them in regard to all of the state hospitals for the insane in the country.

In the 71 hospitals heard from, 30 have no training school at all for nurses, all the work being done by attendants. Therefore the figures that follow will relate to the 41 state hospitals where there is a training school.

It was surprising to note that in the majority of the state hospitals where there are training schools these have been organized for over ten years, many of them for over twenty years. This fact is discouraging, viewed in connection with their standards. In 16 of the training schools the course is two years. In 10, it is three years, and in the others it varies between two and three years. In certain of the hospitals the training school makes a distinction between nurses who will be eligible for their R.N. and those who will not. A course of three years is required for those who are eligible, while only two years is required for those who are not. This is certainly paradoxical, as those who have had the least preparation for entering the training school would certainly seem to need the longer course. Such a variation would not tend to raise the standard of the

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school as a whole. Two or three other schools have the nurses' training tacked on to the course for attendants as a six months' post-graduate course.

In the hospitals for the insane, the superintendent of nurses often holds a most anomalous position. In 14 hospitals she is not allowed the title of superintendent of nurses, but is called either assistant principal, or principal of the training school or, more frequently, simply the chief nurse. Though at first this may appear an insignificant fact, it does seem to take away from the dignity of the position and further facts bear out this feeling. The training and experience of the superintendents vary. The largest number are graduates from a hospital for the insane and have taken a post-graduate course in a general hospital. Eight had only previous training and experience in a hospital for the insane, while an equal number had only experience in a general hospital. In 1 training school the superintendent was a woman physician, and in 4 the medical superintendent of the hospital acts also as superintendent of the training school. Their salaries vary from \$50 to \$100 a month, the majority being \$75 and \$100, but in 8 hospitals the superintendent of nurses receives less than \$65. Quite often the superintendent has to act as head nurse in the operating room and in one instance as occupational instructor in addition to her other duties.

In practically all of the hospitals it is noticeable how little complete authority is given to the superintendent of nurses. In only a few cases has she control of the hours of the pupil nurses and in many instances she has no control over the classes or assignments. In but 14 state hospitals has she complete charge of the pupil nurses in these ways. In the other hospitals, classes, assignments and hours are either entirely under the direction of the superintendent of the hospital or partially so. Though the charge nurses are a very important part of the nursing equipment of the hospital for the insane, in 14 hospitals the superintendent of nurses has absolutely no authority over them and in 8 hospitals her authority is only partial. The same condition is found as to attendants, even to a greater degree. The tendency seems to be to relegate the duties of the superintendent of nurses to the limited field of the training school in which there may be but a few pupils, rather than to supervise those giving nursing care to the mentally ill throughout the institution. In very few instances does the superintendent have any authority over male attendants or nurses. When she does have it, it is principally in connection with the class work of those taking the training school course. To be sure the training schools, as such, in state hospitals are comparatively small, the majority not having over 25 pupils, and many having between 10 and 15. There are, however, a large group of attendants and charge nurses, exclusive of pupils, in most of the hospitals this number being between 60 and 100, several having as many as 300 or 400. Thus the superintendent of nurses has little or nothing to do with the greater part of the nursing service given to the patients.

The qualification for admission to these training schools varies greatly. The majority ask for only a grammar school education, though 13 require grammar school and one year high school or its equivalent. Three have no requirements whatsoever, and in many others the requirements are decidedly flexible. In 21 of the hospitals their requirements for admission are the same or equivalent to the requirements in the general hospitals in their state. Very few hospitals had a higher age requirement than 18. When it is considered that no nursing requires greater tact, maturity, and judgment than nursing the mentally ill, this low age requirement is particularly significant. Usually the superintendent

of the hospital alone or in conference with the superintendent of the training school accepts the applicants, though in 13 hospitals the superintendent of nurses decides what pupils are suitable for the training school. The pupil nurses are paid anywhere from \$15 a month as a minimum to \$35 as a maximum, though the usual rate is \$20 as a minimum to \$25 as a maximum.

The situation in regard to hours of work, vacation, etc., of pupil nurses in state hospitals is one of the most serious aspects of this whole question. Though 6 of the training schools have the eight hour system, in almost all of the other 35 hospitals the nurses are actually on duty from twelve to fifteen and one-half hours out of every twenty-four. To one who knows the strain of working with mentally sick patients, this statement is appalling. A few hospitals give absolutely no time off in a week and by far the larger majority, give only one-half day a week, even with these long hours. Two weeks annual vacation is almost the rule, though 3 give only one week, and 5 give ten days. Very few give any extra time off on holidays.

As to the actual curriculum of the training school, practically all say they attempt to approximate a general nurse's training. The probationary period varies from six weeks to six months, most being two or three months. One hospital has no probationary period at all. Thirteen of the hospitals give both practical and theoretical class work during the nurses' probation, but in the others it amounts to little more than direction in their practical ward work. Four hours a week theoretical work throughout the year, with the exception of the summer, is the average. The lectures are given for the most part by the regular medical staff and superintendent of nurses, though in 6 hospitals the classes are entirely in the hands of the medical staff. Three hours' practical work is the average, and this work is usually given entirely by the superintendent of the training school. The lectures given cover, as a rule, the following subjects: anatomy, physiology, materia medica, practical nursing, surgical nursing, obstetrics, nervous and mental diseases, hydrotherapy, bacteriology, urinalysis and, in a few, dietetics. Only 18 out of the 41 hospitals where there are training schools are affiliated with general hospitals for obstetrics, surgical, and children's diseases. This means that the nurses in state hospitals in most instances have no experience in general nursing except with comparatively few patients.

In the answers received in regard to the housing and recreation facilities of the pupil nurses we find one of the explanations for the reason that so few women take up mental nursing. In 12 of the state hospitals the nurses have rooms off the wards of the patients, and in 9 other hospitals they are housed in dormitories in the hospitals, in the administration building, or in separate quarters for them in the hospital building. Only 19 hospitals have nurses' homes. In 22 hospitals, anywhere from two to four nurses room together, there being only 13 hospitals that afford separate rooms for their nurses. The majority of pupil nurses have no separate dining rooms, having to eat in the same dining room with the patients, sometimes at the same time, or before or after the patients have eaten, or else the nurses eat with the attendants and other employees of the hospital. Many hospitals make no provision whatsoever for the nurses to receive callers and in the majority of cases they have to receive their friends in the public or general reception room. Five hospitals have tennis courts, 1 has golf links, and many afford an opportunity for dancing, but 9 hospitals make no provision whatsoever for recreation. To be sure, considering their hours of work, little time is afforded them for anything but work and some sleep.

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Considering these facts it is not surprising that 23 hospitals tell us they have difficulty in securing suitable or enough pupil nurses. Those that state they have no difficulty, considering what most of them offer, make us seriously question their idea as to suitability. One superintendent writes that there has been no difficulty in securing nurses since the recent business depression! Cause for humor might be found in the explanations of the superintendents as to the reasons for this difficulty were it not so tragic. Only 2 of the number see any responsibility on the part of the training school or hospital for this condition. These 2 feel that long hours and undesirable living accommodations have something to do with it. From the standpoint of the others the nurses are to blame. One gave the answer that the scarcity was due to lack of seriousness on the part of the younger generation and indifference as to their future prospects! To some of us it might seem rather that it is because of their interest in their future prospects that women do not wish to spend two or three years under such conditions. Many state that women do not wish to nurse the insane. The most frequent answer as to the grade of the pupil nurse is that she is fair. Poor education is the greatest drawback mentioned, though some hospitals frankly state that both as to education and personality they cannot get the proper type of women. In a little less than one-half of the training schools the nurses are eligible for the examination for registration. From all these 41 training schools, out of the last class graduated, 64 nurses have received their R.N.

Suggestions were asked for as to changes that would be recommended. The majority had no recommendations to make in spite of what seemed like serious conditions. Higher pay, higher educational requirements, affiliation with general hospitals, shorter hours, and a sharper distinction between nurses and attendants, were the most frequent suggestions. Other interesting remarks were the need of an extension of the training school throughout the whole hospital; more women in the male wards; exchange of pupils with general hospitals; a larger teaching force.

There are other noteworthy points. In by far the majority of the hospitals the training school for nurses does not extend beyond what is known as the hospital wards, that is, the wards where the mental patients are treated for some physical illness; in other words, even yet the doctors themselves, to say nothing of the nurses and the general public, have not realized the great contribution nurses can make in caring for those suffering from mental disease. In many instances the training school seems to be merely offered in order to encourage a better class of attendants to come to the hospital by calling them nurses and giving them some definite training. Some of the superintendents did not seem to discriminate between a training school for attendants and a training school for nurses, and certainly recognized no distinction between the service that might be offered by these two groups, except in respect to the care of the physically ill.

In brief the following conclusions can be drawn from these figures and facts obtained through the questionnaire.

1. Less than two-thirds of the state hospitals in the United States have a training school for nurses, which interpreted means that less than two-thirds of the state hospitals give trained nursing care to the patients within their walls. Even in hospitals that have training schools only about one-sixth of the patients receive care from the nurses; in other words, the nurse plays a very small and unimportant part at present in caring for this large group of patients.

2. Speaking generally, the reason for this is that neither doctors, nurses, nor the public have felt the need of nurses in this branch of medical work. Nurses themselves have not been free from the general prejudice in regard to the insane.

The present status of training schools in state hospitals is as follows:

1. The importance of the position of the superintendent of nurses is not recognized. Not enough previous training and experience is required; her salary is too low; she has little or only divided authority in regard to the training school; her jurisdiction is too limited in scope, as it should include supervision of all those giving nursing care, with the view to greatly increasing the number of trained nurses and decreasing the number of attendants.

2. The requirements for admission to the training schools are too low, especially as to age and education. These should correspond to the general hospital.

3. The hours are far too long. In this branch of nursing, especially, an eight-hour day is essential and at least three weeks annual vacation.

4. In most instances the curriculum is not sufficiently well rounded. This should correspond to the curriculum of general hospital training schools.

5. Less than two-thirds of the state hospitals affiliate with general hospitals. Every state hospital should affiliate with the training school of a general hospital as part of its regular course. The general hospital training school should be ready and glad to give this coöperation.

6. The living conditions of the nurses in state hospitals is most deplorable and one of the most serious defects. In a large number of the state hospitals the nurses live off the wards of the patients, eat in the same dining room, and have little or no opportunity for recreation. Due to the difficult nature of the work, particular attention should be given to the comfort and recreation of the nurses and to the possibility of their getting entirely away from their work when off duty.

Your Committee on the Care of the Insane would recommend the following as to the next steps for this Committee to take: The formation in each state of a special committee on the Care of the Insane, preferably to be called a Committee on Mental Hygiene, these local committees to be formed in connection with the state nursing organization. The Committee on Mental Hygiene of the National Organization of Public Health Nursing, in its 1914 report, also reported the desirability of forming state committees on mental hygiene. Therefore your Committee would recommend that the organization of these local committees be carried on in coöperation with this other committee on mental hygiene. It should be the duty of these state committees to know the conditions in their state relative to the nursing care of the insane. They should bend their energies to raising the standards of the training schools in their districts and to establishing training schools where these do not exist. Every possible assistance would be given them by the national committee. Such a program means education, particularly among nurses themselves, for until nurses see their opportunity they can scarcely expect the doctors and the general public to recognize it. Further than this, your Committee will get into shape for reference use a tabulated presentation of the material obtained from this questionnaire on the training schools in state hospitals.